								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECO									•					
Effective January 1, 2003									10667142					
		CLAIMS A	FILED - PART I				SMALL ENTITY			OTHER THAN				
(Column 1) (Column 2)								TYPE				ENTITY		
TOTAL CLAIMS			14				RA	TE	FEE		RATE	FEE		
FC	R	NUMBER FILED		NUMBER EXTRA		BASI	BASIC FEE 375.00		OR	Basic Fee	750.00			
TC	TAL CHARGE	20 minus 20=		• 0		XS	X\$ 9=		OR	X\$18=				
INDEPENDENT CLAIMS			5 minus 3 =		2		X4	X42=		OR	X84=	1/-2		
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT									168		
* If the difference in column 1 is less than zero, enter "0" in column 2								10= 		OR		780		
								TAL	<u> </u>	OR	TOTAL	1198		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column						(Column 3)	SM	ALL	ENTITY	OR	OTHER			
		CLAIMS		HIGH	EST	CONUMINI 3		V.100.E.E.	ADDI-		OMNEE	ADDI-		
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID	USLY	PRESENT EXTRA	RATE		TIONAL		RATE	TIONAL		
	Total	.29	Minus	-2	0	.9	X\$ 9=		FEE		V440	FEE		
	Independent	. 3	Minus	***		×5				OR	X\$18=	167		
₹		NTATION OF M	JLTIPLE DEPENDENT		CLAIM	X4		2=	·	OR	X84=			
								0=		OR	+280=			
								OTAL		OR	TOYAL ADDIT. FEE	101		
		(Column 3)	ADDIT.	FEE		•	NOON, FEE							
AMENDMENT B		CLAIMS REMAINING		(Colum HIGH NUME	EST				ADDI-			ADDI-		
		AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA	RA	E	TIONAL		RATE	TIONAL		
	Total	. 31	Minus	**	29	. 2	XS	0-	ree		×50	FEE		
	Independent	3	Minus	***	5		-			OR	X\$28=	100		
A	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM		X42	2=		OR	X84=			
							+14	0=		OR	+280=			
								TAL FEE		OR	TOTAL NODIT. FEE			
ð		(Column 1)		(Colum	n 2)	(Column 3)			141					
C		CLAIMS REMAINING		HIGHE		2050514			ADDI-			ADDI-		
		AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA	RAT	E	TIONAL FEE		RATE	TIONAL		
AMENDMEN	Total	•	Minus	**		2	X\$),,	FEC.	OR	X\$18=	FEE		
ME	Independent	*	Minus	***		=	X42							
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	X84=			
+140= OR +280=														
" If the entry in column 1 is tess than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OF ADDIT. FEE											TOTAL ODIT, FEE			
***	If the "Highest Nu The "Highest Nurr	inber Previously Pa abor Previously Pal	aid For IN THI d For (Total o	8 SPACE is Independe	less the	n 3, enter "3." highest mumber				•				
					5.3									